

United States Bankruptcy CourtSouthern District of New York
Manhattan Division**VOLUNTARY PETITION**

Name of Debtor - (If individual, enter Last, First, Middle): North General Hospital		Name of Joint Debtor (Spouse) (Last, First, Middle): None	
All Other Names used by the Debtor in the last 8 years (Include married, maiden, and trade names): None		All Other Names used by the Joint Debtor in the last 8 years (Include married, maiden, and trade names):	
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (If more than one, state all): 13-2996345		Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (If more than one, state all):	
Street Address of Debtor (No. & Street, City, and State): 1879 Madison Avenue New York, NY		Street Address of Joint Debtor (No. & Street, City, and State):	
<div style="border: 1px solid black; float: right; width: 100px; text-align: center;"> Zip Code 10035 </div>		<div style="border: 1px solid black; float: right; width: 100px; text-align: center;"> Zip Code </div>	
County of Residence or of the Principal Place of Business: New York		County of Residence or of the Principal Place of Business:	
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):	
<div style="border: 1px solid black; float: right; width: 100px; text-align: center;"> Zip Code </div>		<div style="border: 1px solid black; float: right; width: 100px; text-align: center;"> Zip Code </div>	
Location of Principal Assets of Business Debtor: (if different from address listed above)			
<div style="border: 1px solid black; float: right; width: 100px; text-align: center;"> Zip Code </div>			

Type of Debtor (Form of Organization) (Check one box) <div style="margin-top: 5px;"> <input type="checkbox"/> Individual (includes joint debtors) <i>See Exhibit D on page 2 of this form.</i> </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Partnership </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <div style="border-bottom: 1px solid black; width: 100%;"></div> </div>	Nature of Business (Check one box) <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Health Care Business </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Railroad </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Stockbroker </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Commodity Broker </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Clearing Bank </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Other </div>	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 </div> <div style="width: 48%;"> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding </div> </div>																						
Filing Fee (Check one box) <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Full filing fee attached </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Filing fee to be paid in installments. (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Filing fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B </div>																								
Statistical/Administrative Information (Estimates only) <div style="margin-top: 5px;"> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. </div>																								
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Chapter 11 Debtors
Check one box:

☐ Debtor is a small business as defined in 11 U.S.C. § 101(51D).

☒ Debtor is not a small business as defined in 11 U.S.C. § 101(51D).

Check if:

☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2 million.

Check all applicable boxes:

☐ A plan is being filed with this petition.

☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).

THIS SPACE FOR COURT USE ONLY

Voluntary Petition (This page must be completed and filed in every case).		Name of Debtor(s): North General Hospital	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than one, attach additional sheets)			
Location Where Filed: None	Case Number	Date Filed	
Pending Bankruptcy Case Filed By Any Spouse, Partner Or Affiliate Of This Debtor (If more than one, attach additional sheet)			
Name of Debtor None	Case Number	Date Filed	
District	Relationship	Judge	
<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition</p>		<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.</p> <p>I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> _____ Signature of Attorney for Debtor(s) </p> <p style="text-align: right;">Date</p>	
<p style="text-align: center;">Exhibit C</p> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made part of this petition.</p> <p><input checked="" type="checkbox"/> No</p>			
<p style="text-align: center;">Exhibit D</p> <p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.</p> <p>If this is a joint petition:</p> <p><input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.</p>			
<p style="text-align: center;">Information Regarding the Debtor - Venue</p> <p style="text-align: center;">(Check any applicable box)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>			
<p style="text-align: center;">Statement by a Debtor Who Resides as a Tenant of a Residential Property</p> <p style="text-align: center;"><i>Check all applicable boxes</i></p> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <p style="text-align: right; margin-right: 100px;"> _____ (Name of landlord that obtained judgment) </p> <p style="text-align: right; margin-right: 100px;"> _____ (Address of landlord) </p> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of this petition.</p>			

Voluntary Petition

(This page must be completed and filed in every case).

Name of Debtor(s):

North General Hospital

SIGNATURES**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

(If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7) I am aware that I may proceed under chapter 7, 11, 12 and 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by § 342(b) of the Bankruptcy Code.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.

☐

Pursuant to § 1511 of title 11, United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

Signature of Attorney

X

Signature of Attorney for Debtor(s)

Charles E. Simpson

Printed Name of Attorney for Debtor(s)

Windels Marx Lane & Mittendorf, LLP

Firm Name

156 West 56th Street

New York, NY 10019

Address

(212) 237-1000

(212) 262-1215

Telephone Number

Fax Number

E-mail: csimpson@windelsmarx.com

July 2, 2010

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, 2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer) (Required by 11 U.S.C. § 110)

Address

X

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Dr. Samuel J. Daniel, M.D.

Printed Name of Authorized Individual

President and CEO

Title of Authorized Individual

July 2, 2010

Date